

<b>Case Number:</b>	CM13-0060313		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old man who sustained an injury on 8/9/13 to his left shoulder, left upper leg, lower and upper back, right lower arm and elbow and left foot. He was diagnosed with thoracolumbar strain on 9/6/13 and x-rays of the thoracic and lumbar spine did not reveal fractures. He was seen by an orthopedic physician on 10/8/13. He complained of pain, tenderness and limitation of motion and weakness in the thoracic spine, right elbow and lumbar spine with radiation to his buttocks and thighs. He also had right heel pain worse with weight bearing activities. His physical exam showed tenderness to palpation of the paravertebral muscles of the thoracic and lumbar spine. His straight leg raise was negative. He was tender to palpation of his right elbow and right foot on the plantar aspect of the calcaneus tubercle. His gait was non-antalgic and he had patchy decreased sensation in his lower extremities, most notably in the right L5 distribution. He was diagnosed with thoracic and lumbar spine strain, right lumbar radiculopathy, contusion and straining injury, right heel and right triceps tendinitis/strain. He was referred for physical therapy, further radiologic testing including x-rays and MRI. He also complained of anxiety following the incident and post-traumatic stress disorder was suggested by the physician and a request for a psychiatric/psychological evaluation was requested that is at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Psychiatric/psychological evaluation #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 40-41, 88.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, psychological treatment is focused on improved quality of life, development of pain coping skills, cognitive-behavioral therapy, and improving facilitation of other modalities. The physician suggests that the worker has anxiety about his prognosis and questions post-traumatic stress disorder. The records do not document that the physician explored these symptoms or severity of these symptoms in any detail with the worker or provided any cognitive or psychiatric evaluation to justify the potential diagnoses. The primary care physician can treat the symptoms first prior to referral to a psychologist or psychiatrist. The medical records provided for review do not justify the medical necessity for a psychiatric/psychological evaluation. The request is not medically necessary and appropriate.